MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Items 8.9 FilmG281 2-27-61 CERTIFICATE OF DEATH Rea. Dist. No. director, iled with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY a. STATE b. COUNTY Cecil MARYLAND Virginia b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) should Perry Point, days Alexandria d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS IS RESIDENCE ON A FARM? Veterans Hospital 2303 Leslie Ave. YES NO K pup .5 NAME OF Middle 4. DATE Last Month Day Year filled DECEASED John (Type or print) ALEXANDER DEATH 12. 19 61 February 9. AGE (In years last birthday) 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS completely Months Days Hours DIVORCED Male White WIDOWED [requires that the death certificate be executed papers. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. puo Sign Painter U.S.A. Ryan. Virginia carbon ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician JAMES V. ALEXANDER hours ALLIE GRIFFITH remave IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address within 72 Yes WW attending Unknown Hospital Records , VAH. , Perry Point, Md. eose 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN a ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Gangrene of small intestine days 5 the DUE TO Emboli from murl thrombosis of heart. p permit. any Conditions, if any, which days gned gave rise to immediate DUE TO cause (o), stating the under-Mocardial Infarction. attending physician. pup lying couse last. 5 weeks burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate as the 5 emation, 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day. Year (County) (State) USe Hour a. ft. factory, street, office bldg., etc.) While Not while at work at work aspital p. m. 19 61 Jan 6 Feb 12 21. I certify that attended the deceased from... detached ative and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED TO FUNERAL DIRECT page 3 shauld be de ACTUAL SIGNATURE Perry Point. PHYSICIAN'S Dr Albert L. Mooney, Pathologist. NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) 2-15-61 Arlington National Ft. Myers, Va. 23. FUNERAL DIRECTOR'S SIGNATURE 520 Mt Mt Blvd. 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Ciriling S. Though within VS A15 (4) 15M 9/55 Alexandria. Va. DATE FEB 1 5 '6

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			With mention	200 (342)		

MARY LAND STA

ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Cecil

Day

Days

U.S.A.

(Caunty)

24b. REGISTRAR'S SIGNATURE

Circums S. Tirrell

24a. REGID BY REGISTRAR

DATE

e. 15 RESIDENCE

INTERVAL BETWEEN

ONSET AND DEATH

hours

PERFORMED?

YES NO 7

(State)

DATE SIGNED

6 FOD 67

(State)

Md.

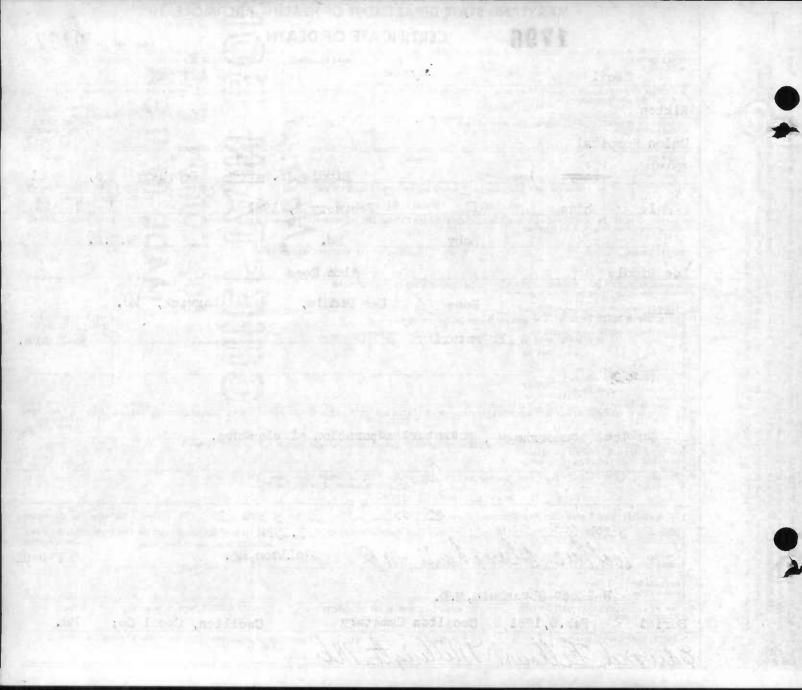
ON A FARM? YES NO

Year

19 61

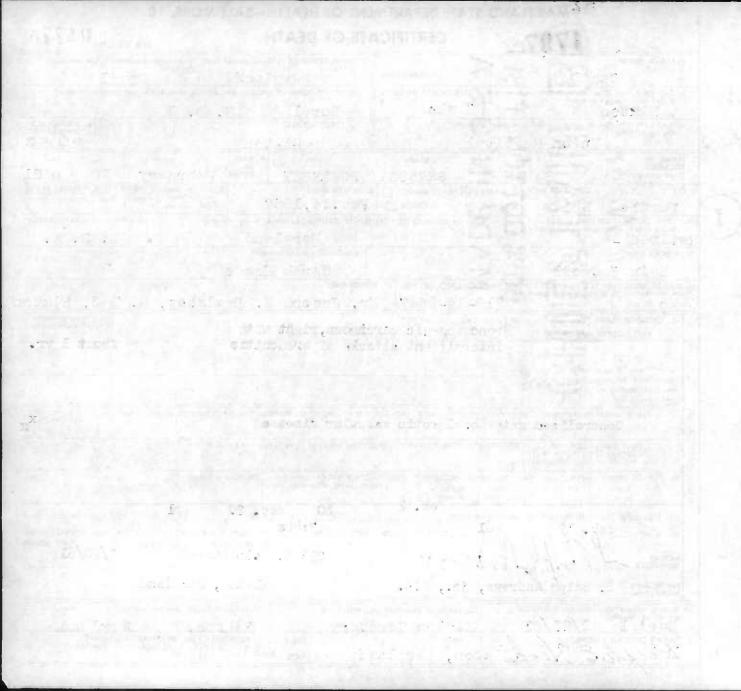
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23. FUNERAL DIRECTOR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1707 CERTIFICATE OF DEATH Reg. Dist. No. 01776

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1. PLACE o. COU		ecil		MARY	LAND	o. STATE	Mary		lived. If institut b. COUNTY			ore admis	sion)
RUR	OR TOWN (AL ond give n Elkto		its, write	c. LENGTH OF STAY	IN 1b	X		outside corpor	ote limits, write I	RURAL ond	give ne	arest tow	n)
d. NAA		TAL (If not in haspital, s		address)		d. STREET A	DDRESS	R	. D. 3			ONA	SIDENCE A FARM?
		Union Ho	spit	al			Elk.	ton				YES [NO 🔯
3. NAME DECEA (Type of	SED	Fii SAR		Middle SERES		BOWLS		4. DATE OF DEATH	Februa		20	,	Year - 19 51
S. SEX		6. COLOR OR RACE	7. MARR	IED A NEVER MARRI	ED 8.	DATE OF BIRTS		1	9. AGE (In years	IF UNDE		IF UND	ER 24 HRS.
Fe	male	White	WIDOWE		0 0 1	Feb.14	,188	7	last birthday) 74 yrs.	Months	Days	Hours	Min.
10a. USUA	AL OCCUPATION	ON (Give kind of wark	done 10b.	KIND OF BUSINESS C						12. CI	TIZEN O	F WHAT	COUNTRY
Reti	red -	king life, even if retired)		TO DE	M	aryl	and			U.	S.	Α.
13. FATHE						14. MOTHER'S	MAIDEN N	NAME					
Z	ain B	edwell				Sa	rah (doude					
15. WAS [{Yes, no, or	DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO). INF	ORMANT		- Awid	Add	lress	150		
No				8-14-844	7 M	c. Jos	eph V	N. Bo	wlsbey.	R.	D 3	5. E	lkto
g ov cous lying	ditians, if of erise ta in e (o), stating g couse lost.	the <u>under-</u> DUE TO)) :)	termittent	,								, y •
CATION	PART II. OTI	eneralized	arter:	CONTRIBUTING TO DE.	c vas	or related to	THE TERMI	NAL DISEASE	CONDITION GI	VEN IN PA	RT 1(a) 1	PERFO	AUTOPSY ORMED
OR CO	ACCIDENT WAS ONTRIBUTING THER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRED.	(Enter nature o	f injury in I	Part I ar Part	II of item 18.)				
	ME OF INJUI Hour o.m. p.m.	RY Month, Day, Ye	or 20d. In While of wark	NJURY OCCURRED Nat while of work	20e. PLAC focto	E OF INJURY (I	bldg., etc.	.)	or tawn)		(County)		(State)
ACTU SIGN/	AL ATURE	reb. 19	An	ed fram	М.	23	3 E.	Main S	he causes ar	nd an th state)	e date	e state	TE SIGNED
REMO	AL, CREMATIC DVAL (Specify)		OF .	22c. NAME OF CEMI Elkton (ion (City, tawn,			(Sto	
		'S SIGNATURE	BEIK	ADDRESS				D BY REGISTE	AR 24b REG	ISTRAR'S S	IGNATU	RE	

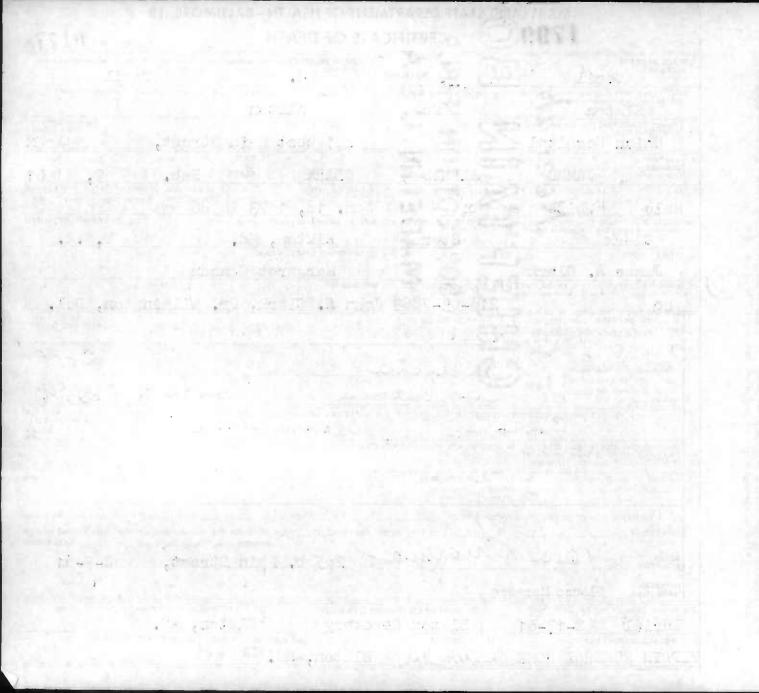


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1798 SCRIPTONE SEVE TELS OUR OF THE THE BUILDING STREET SERVICES CONTINUES.

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PITAL CALL DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours gier for the Page 4	-	ERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeroficity.	i should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with 🕜	
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1	2	JV V		MARYLAND STATE DEP	ARTMENT OF H	HEALTH-BAL	TIMORE, 18		
N.	18	613	1	1799 CERT	IFICATE OF I	DEATH	Re	g. Dist. No.	01778
Page		7	1.	PLACE OF DEATH o. COUNTY Cecil MAR	ll o. STATE	DENCE (Where deceose	b COUNTY -	esidence before	odmission)
0	M			b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton Life	Y IN 1b c. CITY OR	TOWN (If outside corpo	prote limits, write RURA	ond give neare	st town)
by the f	O S SILION	65		d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Union Hospital	d. STREET /	ADDRESS	Street,		IS RESIDENCE ON A FARM? YES NO
124 hor	5 - 6		3.	NAME OF First Midd DECEASED (Type or print) JAMES ALFRED	clar	OF	Month Feb.	Day 9	Yeor 19 6 1
within letely f	, 0			SEX 6. COLOR OR RACE 7. MARRIED NEVER MARI		н 8. 1873		INDER 1 YEAR IF	Hours Min.
a comp	death.			o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS during most of working life, even if retired) Clerk. Store	OR INDUSTRY 11. BIRTHP	kton, Md.	0.0	U.S	VHAT COUNTRY?
ian and	after		13.	James A. Clark	14. MOTHER'S	maiden name rgaret Ca	nnon		
	72 haurs	(I)	15. (Ye	WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N s. no. or unknown) (If yes, give wor or dates of service)			Address Nilmin	gton	Dol
e death ce	within 7			1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o))·] 0	Aeus		INTER	VAL BETWEEN
that the	ny even			Conditions, if only, which) (b) Weller	ia	^		2	,-/8/
requires on.	nd in a			gove rise to immediate couse (a), stating the under- lying couse lost.	ama	0 3	ortal	2	19
physici pas beer	naval, a	0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO	THE TERMINAL DISEAS	E CONDITION GIVEN I		WAS AUTOPSY PERFORMED? YES NO
IAN: T	or ren		CERTIFI	206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED. (Enter noture of	of injury in Port I or Por	t II of item 18.)		
PHYSIC ol ar att	emation		MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While of work of work	20e. PLACE OF INJURY foctory, street, office	(Home, form, e bldg., etc.)	or town)	(County)	(Stote)
PING hospit After	ial, cr			21. I certify that I attended the deceased fram					
ed by	rior to bur	1			t death accurred at M.D. 265		treet, city or town, state)	DATE SIGNED
retain RAL D	istror p			PHYSICIAN'S Glauco Maresca					
may be reta	the reg	9		Burial 2-13-61 Elkton	Cemetery	Elk	tion (City, town, or co		(Stote)
O E O VS A15 (4))	0		FUNERAL HOME LAND DE	Elkton	240. REC'D BY REGIS	TRAR 24b. REGISTRA	R'S SIGNATURE	



th: Page 4	al director, e filed with
aurs after dea	n by me had a nd 2 shauld b
TO HOSPITAL RATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained to haspital or attending physician.	TO FUNERAL DIRECT. After this certificate has been signed by the attending physician and campletely filled in the plant of director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death.
ate be execute	cian and cam; s carban papes s after death.
death certifica	ttending physi please remave within 72 haurs
vires that the	TO FUNERAL DIRECT After this certificate has been signed by the attending physician and cam page 3 shauld be detached far use as the burial-transit permit. Then please remove carban page the registrar priar to burial, cremation, ar removal, and in any event within 72 haurs after death.
The law req	e has been si burial-transit remaval, and
PHYSICIAN	ar use as the crematian, ar
ATTENDING	RECT After be detached fi iar to burial, a
HOSPITAL ON be relaife	FUNERAL DII age 3 shauld e registrar pri
2 5	5 g =

	•	180	0_	CERTI	IFICA	ATE OF DEAT			Reg. Di	st. No.	017
a. COUNTY	тн Сесі	il		MARY	LAND	2. USUAL RESIDENCE (M	here decease	d lived. If instituti b. COUNTY	tile tile	ent	e admission)
	WN (If autside corpline nearest tawn)		, write	c. LENGTH OF STAY		c. CITY OR TOWN (IF Rock H		prote limits, write R	URAL and	give near	est town)
d. NAME OF H OR INSTITUT	OSPITAL (If not in ION Morga			ing Home		d. STREET ADDRESS					ON A FAR
NAME OF DECEASED (Type or print)	The	First Omas		Nelson		Collyer	4. DATE OF DEATH	Februa.	th	8 Day	Year 19
sex Male		1 1	7. MARR	DIVORCE		8. DATE OF SIRTH April 19-1		9. AGE (In years loss bythdoy)		1 YEAR Doys	Hours M
during most o	PATION (Give kind f working life, ever Wal Cerma	d of work do if retired)	one 10b.	KIND OF BUSINESS C	OR INDUS	STRY 11. BIRTHPLACE (STOR	or foreign o	ountry)	12. CIT	USA	WHAT COU
B. FATHER'S NAM	t Chomas 1	V. Co	lly	er		14. MOTHER'S MAIDEN	NAME Mary	Jones	3		-
S. WAS DECEASE Yes, no. or unknown)	D EVER IN U. S. Al	or dates of sen	ES? 16. (SOCIAL SECURITY NO		rs. Beaula	h Col	Add lverR		Hal:	. Md.
											•
Conditions, gove rise	if any, which	USED BY: /	se per lin	the for (o), (b), and (c).		Perig				ONSI	RVAL BETWEE
Conditions, gove rise couse (a), shallying couse	if any, which to immediate oring the under-	DUE TO DUE TO DUE TO Co) Co) ANT COND	TIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	IINAL DISEAS	E CONDITION GIV		ONSI	RVAL BETWEET AND DEA
Conditions, gove rise couse (a), she lying couse PART II	if any, which to immediate to immediate to immediate to lost. OTHER SIGNIFICATION OF THE SIG	USED BY: CAUSE (o) DUE TO (b) DUE TO (c) ANT CONDI	ITIONS C	ONTRIBUTING TO DE	ATH BUT	Device	Part I ar Part	E CONDITION GIV	en in Pari	ONSI	RVAL BETWEE T AND DEA
Conditions, gove rise couse (a), statistically living couse PART II 20a. ACCIDEN OR CONTRIBL (IF EITHER, NO. 1975) 20c. TIME OF Haur of F	if any, which to immediate to immediate orbing the underlost. OTHER SIGNIFICATION OF THE SIG	USED BY: CAUSE (o) DUE TO (b) DUE TO (c) ANT CONDI ANT CONDI NG	20b. DESC	ONTRIBUTING TO DE. CRIBE HOW INJURY O UURY OCCURRED Not while of work	ATH BUT CCCURRET	NOT RELATED TO THE TERM O. (Enter noture of injury in	Part I ar Part	E CONDITION GIV	(Co.,,that 1 lind an th	T 1(a) 19	WAS AUTO PERFORMED YES NO
Conditions, gove rise couse (a), stallying couse (b), stallying couse (c), stallying couse (c	if any, which it a immediate bling the under last. OTHER SIGNIFIC TWAS UNDERLYING CAUSE COTIFY MEDICAL EX. NJURY Month, 1, 11. y that I attended the under last.	USED BY: CAUSE (o) DUE TO (b) DUE TO (c) CANT CONDI CANT CONDI Day, Year 19 ded the conditions Reference of the conditions TE THEREOF	20b. DESC	ONTRIBUTING TO DE. CRIBE HOW INJURY O UURY OCCURRED Not while of work	ATH BUT CCCURRED 20e. PLA fac death	NOT RELATED TO THE TERM D. (Enter noture of injury in large, street, office bldg., et accurred at 30.1	Part I ar Part 1. 20f. (City M, fran ADDRESS (SI	E CONDITION GIV t II af item 18.) ar town)	(Co., that I I I I I I I I I I I I I I I I I I I	T 1(a) 19	WAS AUTO PERFORMED YES NO

The street of th to be received and end on him secures will have DAT and the berrices shoets will have the REST of the REST.

FOR STATE HEALTH DEPT TO DEPUTY MEL IL EXAMINER: This certificate should be executed within 24 hours after death. If any officer, say, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the humandi director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your ries.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any eyest, within 72 hours after death.

VS. A15ME 5M/7/59

5 27

IXVO

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND

18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

() 178()

1.	e. COUNTY		e. STATE		lived, If Institut b. COUNTY	ion: Resident	ce before e	dmission)
	Ceci 1	MARYLAND						
	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete lin	nits, write RURA	L end give r	neerest tow	n)
-	Elkton	D.O.A.	Chesapeake	City				
	d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	spitel, give street eddress)	d. STREET ADDRESS					SIDENCE FARM?
17	Union Hosp.							NO
3.	NAME OF First	Middle	Last	4. DATE OF	Month	Dey	Yeer	
	(Type or print) Mart in	Eugene	Craa n	DEATH	2	7	69	
5.	SEX 6. COLOR OR RACE 7. MARRI		. DATE OF BIRTH	9. AGE	In years IF UN	DER 1 YEAR	IF UNDER	24 HRS.
	M WIDOW		-18-60	lest b	yrs. Mont	hs Deys	Hours	Min.
10	a. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	CIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	or loreign country)	12	. CITIZEN O	WHAT C	OUNTRY?
1	Infant	Tr.	Tiston Wd		77 0 4			
13	. FATHER'S NAME	P	14. MOTHER'S MAIDEN	NAME	U.S.A	•		
1	Wiley M. Crain		Lilly Bure	han				
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT	*****	Address	75.0		
	es, no, or unkown) (Ifyesgivewerordetesofservice)	None Wi	less M. Chandan	Ol.				
	1 18. CAUSE OF DEATH [Enter only one cause per		ley M. Crain	, Unesapea	ke City	, Md	RVAL BET	WFFN
	PART I. DEATH WAS CAUSED BY:	Pneumonia Bil	ot a wall			ON	SET AND D	EATH
	IMMEDIATE CAUSE (e)	I Hedmonia Dal	a cerair			24	hour	3
	DUE TO							
	Conditions, if eny, which (b)							
	gave rise to immediate cause (e), stating the underlying DUE TO							
	cause lest. (c)							
Z	PART II. OTHER SIGNIFICANT CONDITIONS CO.	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDIT	ION GIVEN IN	PART 1(e) 19		
1 P	STATE OF THE PARTY					V	PERFOI	RMED?
IFIC	20e. EXTERNAL CAUSE WAS 20b. DESCI	RIBE HOW INJURY OCCURED. (E	inter neture of Injury in Per	t I or Pert II of item 18	.)		'	10 1
CERTIFICATION	PRIMARY or CONTRIBUTING CAUSE OF DEATH.				150			
S. S.	20c. TIME OF INJURY Month, Day, Yeer 2Dd.		CE OF INJURY (Home, ferm		n)	(County)	(Slete)
MEDICAL	Hour e.m. While two	0	ory, street, office bldg., etc.	•)				
2	prints 17		Id an Automa	Inenastic - 51	In audio.	1	1	1.1.
	21. I certify that I took charge of the rer	percent .		Inspection .	Inquiry	browd .	in my op	omion
	death resulted from: Natural causes	, Accident, Suici			ined manner			
	110018	1101/11	CHIEF MEDICAL	EXAMINER				
	ACTUAL SIGNATURE	vull	MD. ASSISTANT MED	ICAL EXAMINER		D.	ATE SIG	NED
			DEPUTY MEDICAL			2-2-6	1	
	EXAMINER'S R.C. Dodson		Riging	in sown, decounty)			- 194	
22	a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (C	lty, town, or co	uniry)	(State)
F	ubial (Specify) 2/4/ 1961	Cherry Hill	Cemetery	Cherry	Hill	Mon	rland	
-	B. FUNERAL DIRECTOR	ADDRESS			46. REGISTRAT			
T	TPPIN FUNERAL HOME	Ich Der Elkto	n, Md. DATE F	ER 6 '61	Clathy	n & the	us	
1	The state of the s	TILL OU	TA TIME DATE		200000	7 22, 700		

TATE THE TRANSPORT OF THE PARTY and the second second second Cd_B F_O .8 .00 Else . Bring the man district . E. I make 1925 belogstered these 1920s into 13200.0 WINDS AND RESERVED TO THE PARTY OF THE PARTY.

filed with

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

01781

18112	CERTIFICA	IL OI DEATH		0-001
o. COUNTY Cecil	MARYLAND	a. STATE	ere deceased lived. If institution: Reside b. COUNTY	ence before admission)
b. CITY OR TOWN (If outside corporate limits, w	rite c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside corporate limits, write RURAL and	d give nearest town)
RURAL and give nearest tawn) Perry Point. Md.	llmo. 20 day	s Bea	r	46 1-3
d. NAME OF HOSPITAL (If not in haspital, give s OR INSTITUTION	treet address)	d. STREET ADDRESS		e. IS RESIDENCE
eterans Administration	n Hospital	RFD	#2	YES THE PORT
NAME OF First	Middle	Last	4. DATE Month	Day Year
(Type or print) GILBE	ERT M.	DIXON	OF DEATH Februar	ry 28 19 61
SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDE	R 1 YEAR IF UNDER 24 HRS
Male White WI	OOWED DIVORCED	12-12-94	lost birthdoy) Manths	Doys Hours Min.
a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country) 12.CI	TIZEN OF WHAT COUNTRY
Farmer	Farming	Maryland	T	JSA
FATHER'S NAME		14. MOTHER'S MAIDEN N		
John Dixon		Elizabet	h Shahan	
was DECEASED EVER IN U. S. ARMED FORCES? (es, no, or unknown) (If yes, give war ar dotes of service)		NFORMANT	Address	
Yes WW-L		ospital Reco	rds. VAH. Perry I	Point. Md.
1B. CAUSE OF DEATH Enter only one cause				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Bronchopneumoni	a hilatamal	unmocolured	2-3 days
	Dionenopheamoni	a, Ullatelai	, aniesorved	2-) uays
420. DUE TO				
Conditions, if any, which) (b)	Arterioscleroti	c heart dise	ase	unknown
gove rise to immediate				
coose (o), slotting the under-				
10	ONS CONTRIBUTING TO DEATH BUT	NOT PELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PA	APT 1(a) 19 WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITION 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SN3 CONTRIBOTINO TO BEATTI BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION OFFER INTA	PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part I or Port II of item 18.)	TES BY THO [
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Month, Day, Year 2 Hour a. m. 19 0		ACE OF INJURY (Home, form		(County) (State
Hour a.m.	Vhile Nat while fo	ctory, street, office bldg., etc.	1	
VA				
21. I certify that ২০০২(প্রচিত্ত স্থানির ইনির ইনির ইনির ইনির ইনির ইনির ইনির ই	tended the deceased fram	March 8 10	Utofebruary_28196	ack pew pop xorbx . L.c.
X NOW X NEXT HERE	XXXXXXXXXX and that a	death accurred at	M, fram the causes and on the	he date stated above
22a. SIGNATURE				22b. DATE SIGNE
Q. L. Moone	u .	M.D. PHYS.	ED. STAFF RECTOR PHYS.	3-1-6
22c. PHYSICIAN'S NAME (Type) A. L. MOONEY	Asst.Clinical	22d. ADDRESS	, VAH, Perry Poir	
So BURIAL CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C		23d. LOCATION (City, town, or caunty) Millington, Ma	
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2So. REC'	D BY REGISTRAR 25b. REGISTRAR'S S	
permineting fon I	lavre de Grace.	Md. DATE M	AR 6 '61 O.U.	04
			The state of the s	a district

TO HOSPITAL OF ATTENING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death may be remained by it pital or otherding physician.

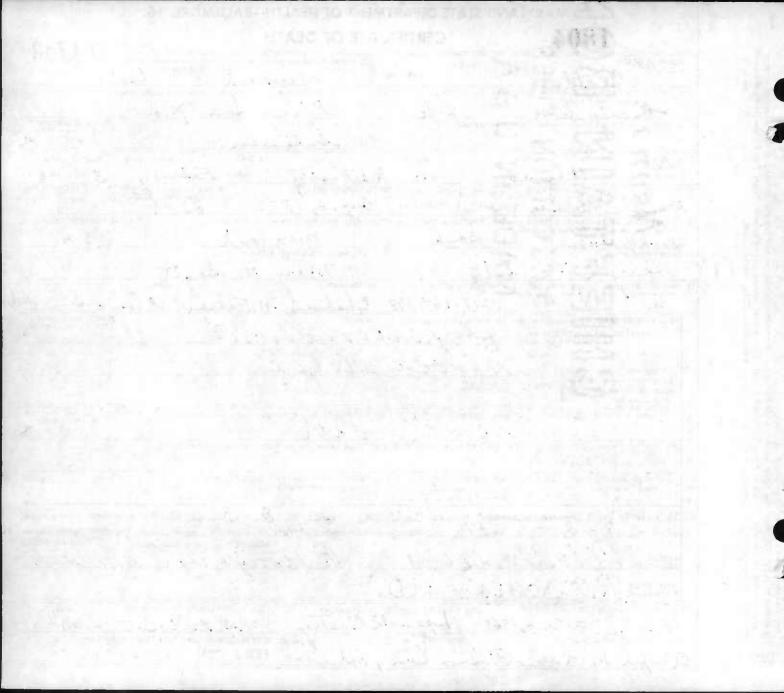
TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physician and completely filled in by the funeral page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be the State Board of Health prior to burial, cremation, or removel, and in any event, within 72 hours ofter death. VR A15 (4) 1SM 9/59

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the wife property of the same

		1804 CERTIFICATE OF DEATH	eg. Dist. Nof) トウスウ
B	1.	PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: O. STATE D. COUNTY	Residence before admission)
1)		b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN If autside corporate limits, write RURAL and give nearest town)	AL ond give nearest town)
X		d. NAME OF HOSPITA (If not in hospital, give street address) OR INSTITUTION S. Caucen	e. 1S RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print) Name OF DECEASED (Type or print) Name OF DECEASED (Type or print) Name OF DEATH February	Day Year 196/
	5.	TO COLOR OF MAKKED I METER MAKKED DE LA SIKE OF SIKE OF	ONDER 1 YEAR IF UNDER 24 HRS.
	100	Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (Stote or foreign country) Bank Busher Bank Maryland	12. CITIZEN OF WHAT COUNTRY?
T	13.	Herry CKeilhelt Mary H. South	
		5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Yes, no, or unknown) (If yes, give wor or dates of service) 217-16-4398 Chalmer McFarre R	ising Sen M
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) MEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH
		Goodition if any which	
		gove rise to immediate couse (a), stating the under-lying couse lost. (b) DUE TO (c)	
	CATION		IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
0	CERTIFI	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work of work of work 19 of work 1	(County) (State)
		21. I certify that I attended the deceased from 10 - 14 , 1960, to 3 , 196/the alive an 2 - 3 , 196/the	at I last saw the deceased
4		ACTUAL SIGNATURE RELEASED TO M.D. REALING Street, city or town, sto	
		PHYSICIAN'S REDOCISONMO	
	220	20. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or or During Pet Defeat	ist ind,
2	23.		AR'S SIGNATURE Thuy S. Frank
V	-		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLA	AND STATE DEPARTMENT O	FHEALTH
DIVISION OF STATISTICAL RESEARC	H AND RECORDS, 301 W. PRESTO	N STREET, BALTIMORE 1, MARYLAN
1805	CERTIFICATE OF DEATH	1

	DIVISION	1805	L RESEA			OF DEAT		, BALTIMOI	RE 1, MAR	YLAND	1780
	ACE OF DEATH	Cecil		MARY	LAND	a. STATE Mar	yce (Where de	b. COUN			./
ь. С	write RURAL and	outside corporate limi give neerest town) Point	ts,	c. LENGTH OF STA		c. CITY OR TOWN Beth		orata fimits, write	RURAL and giv	re nearast to	(n)
d. N		AL OR INSTITUTION (if not in ho	100	, -	d. STREET ADDRESS	5				RESIDENCE A FARM
3. NA	ME OF	Administra First	tion	Hospital		4971 Batt	ery Lar	1e Month	De		NO X
(Typ	CEASED pe or print)	WILI		R.		KELLY	OF DEATH	Febru			61
5. SEX	ale	6. COLOR OR RACE	7. MARRIE	NEVER MARRIE		10-24-09	9.	AGE (In yeers last birthday) 51 yrs.	Months Deys		Mîn.
loa. U done d	ISUAL OCCUPATI during most of wo	ON (Give kind of work king life, even if retire riculture	d)	US Gove			rk City		USA		COUNTRY
VOILE NO LE CO GO	o, or unkown) (Hes. CAUSE OF D PART I. DEATH PART II. DEATH PART II. OTHER Degeners	ata causa ndarlying DUE TO (c)	CES? 16. arvica) Causa per Bro	oncho pneu	Hos	Catherine NFORMANT pital Reco a, bilater related to the term imer's dist lenter nature of injury in	rds, V	Address AH, Peri		INTÉRVAL BI	ETWEEN DEATH YS
_	CONTRIBUTING	MEDICAL EXAMINER)		INJURY OCCURRED	20a. PLA	CE OF INJURY (Home, fa ory, straat, office bldg., a	rm, ; 20f. (City		(County)		(Stata)
21. XSX 22	. I certify !		XXXXX	ey	and that	death occured along phys. 22d. ADDRESS Pathologist	MED. DIRECTOR	STAFF PHYS.	and on the	date state	
REM	URIAL, CREMATI	ON, 236. DATE THE	1941	23c. NAME OF C		or crematory National		ington,			(Stete)
	NERAL DIRECTOR	HOME 2224	Wisc	ADDRESS . Ave. N.W.	Wash		FEB 2 7 '6	1 256. REC	Allun S. Ti	NATURE	

TO HOSPITATOR ENDING PHYSICIAN: The law requires that the death certificate be executed with 24 death. Page 4 may claimed by the hospital or attending physician.

Ye considered to be a standard by the hospital or attending physician and completely filled in by the funeral standard by the certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any every within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1806 CERTIFICATE OF DEATH with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed b. COUNTY MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) O Hollywood Beach d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION and 2. NAME OF DATE Middle Manth filled DECEASED DEATH Pages (Type or print) 9. AGE (In years S. SEX 6. COLOR OR RÁCE 7/MARRIED X NEVER MARRIED B. DATE OF BIRTH lost birthdoy) camplet DIVORCED | Nov. 6. WIDOWED | papers. 66 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) during most of warking life, even if retired)

Motor Court Operator Motel Buffalo. N. Y. and ř carban the death certificate be OFFICE 13. FATHER'S NAME physician Mattie Greggor William Martin 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Mrs. Kathryn M. Martin. 72 no attending please ⊆ 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO permit. Conditions, if any which gned gave rise to immediate DUE TO cause (o), stating the underand has been si lying couse lost. burial-transit physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20a. AGCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) attending 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) certificate 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) factory, street, affice bldg., etc.) Haur o. m. While Nat while at wark at work 21. I certify that I attended the deceased fram. and that death occurred at //

YES TO NO TO (Stote) (County) , 19 6 that I last saw the deceased M. fram the causes and an the date stated above. ADDRESS (Street, city ar tawn, state) ACTUAL SIGNATURE PHYSICIAN'S Dr. Wallace Obenshain XXXX NAME (Type) Cecilton, Maryland 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, tawn, or county) REMOVAL (Specify) airview Cemeterv Freehurg. 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR HOME and 12 De Elkton, MEEB 21 '61 arthur S. Kraus

Reg. Dist. No.

Manths

e. IS RESIDENCE ON A FARM?

YES NO Z

Yeor

19

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

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PERFORMED?

Doys

Ches. City,

may be retained by the FUNERAL DIRECTOR VS A15 (4)

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TO HOSPITAL

VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

	1807		CERTIF	CATI	OF DE	EATH		2017			015	286
1. PLACE OF DEATH a. COUNTY	CIL		MARYL		a. STATE	MD .	ere decease	d lived. If institution b. COUNTY		CIL	re admiss	sian)
	(If autside carporate lim	its, write c.	LENGTH OF STAY I	N 16	c. CITY OR TO	OWN (If a	utside carpa	orate limits, write R			rest tawr	n)
RURAL and give		RAL	37 vrs.		(CONO	WING	0	RUR	AI.			
d. NAME OF HOSP OR INSTITUTION	ITAL (If nat in haspital, ç I	give street add	(ress)		d. STREET AL	DDRESS						FARM?
3. NAME OF DECEASED	ETHEL.	rst	Middle		Last		4. DATE OF	Man	th /	Da	,	Year
(Type ar print)		7	¥	-	MEADOW	-	DEATH	2/	TIE LINIDE	PIYEAR	~	1967 ER 24 HRS
S. SEX	6. COLOR OR RACE		NEVER MARRIE		DATE OF BIRTH	700	0	9. AGE (In years last birthday)	Manths	Days	Haurs	Min.
10g USUAL OCCUPAT	ION (Give kind af wark	WIDOWED		july 6	V 11 DIPTHPLA	1890	or foreign c	62 yrs.	12 CI	TIZENI OF	WHAT	COUNTRY
during mast af wa	irking life, even if retired	1)	r T	(II (DOSIK	47	ACE (SIGIO	ar rareign e	· · · · · · · · · · · · · · · · · · ·		U.S.		. O O I T I K
13. FATHER'S NAME	LIE	Own	nome		14. MOTHER'S	MAIDEN N	AMF			U.D.	27.	
a	C .				3.6	W.F						
15 WAS DECEASEDED	VER IN U. S. ARMED FOR	OF SO IL SO	CIAL SECURITY NO.	17. INFO	RMANT	Yatı	<u>es</u>	Add	ress			
(Yes, no. or unknown)	(If yes, give war or dates of	service)	ne	-		Mead	Otto	Conowi		. Mc		T T
	EATH [Enter anly one co				JIII G S	ne a.c.	OWS	COHOWI	TIMO		ERVAL BE	ETWEEN
	ATH WAS CAUSED BY:	duse per line i	dr (a), (b), and, (c).		0	B.	lasco	1 00		ONS	ET AND	DEATH
/11110	IMMEDIATE CAUSE (Berlin S	cve	Caret	. 0 "	200	lan che	2002	Q.	27	10
474-3	DUE TO	Mr.	c. L	1	40	10	1					
Canditians, if	immediate)////	Schlen	· · ·	בועום	-600	2.7.	<i>C-</i>			4	
cause (a), stating lying cause last	g the under- DUE TO	Par	w fx	2. C	0.0	2				1	The state of the s	00
PART II. O PART II. O PART III. O PART III. O PART III. O	THER SIGNIFICANT CON	iditions <u>con</u>	NTRIBUTING TO DEA	TH BUT NO	OT RELATED TO	THETERMI	NAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(a) 1	PERFC	AUTOPSY DRMED?
	VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OC	CURRED.	Enter nature af	f injury in F	Part I ar Pai	t II af item 18.)				
20c. TIME OF INJU				20e. PLACI	OF INJURY (H	Hame, farm	, 20f. (City	y ar tawn)	Asla	(Caunty)		(State
Haur a.m	10	While at wark [Nat while at wark	raciai	y, sireer, dirice	bidg., etc.						
21 I certify th	at (I) (this hospita	l) attended	the deceased	fram 3	Duc 1	. 199	55 .to_	2-1	190	5 (th	nat (I) ((we) las
	ased alive on 2	F	196 / and	that dec	th occurred			the causes ar				
22a. SIONATURE	MX	1)	1			,						2b. DATE
5//01	Kiets	car	13,6	м.	ATTENDING	G G MI	RECTOR	STAFF PHYS.		3	/2/	SIGNE
22c. PHYSICIAN'S NAME (Type)	G. H. R	icha	rds di		Por	+ 1.	Dep	osit		m	1.	
23a. BURIAL, CREMATI	ON, 23b. DATE THERE	OF :	23c. NAME OF CEME	TERY OR C	REMATORY		23d. LOCA	TION (City, tawn,	ar caunty		(Sta	te)
Burjal			Conovina				~	าพว่ากอา				ra .
24. FONERAL DIRECTO	South of the contract	01	ADDRESS	0 08		2Sa. REC'		and the factoring	STRAR'S	IGNATU		1 8
Common &	Mª Mul	len	Risin	ng St	ın. Md	DATE F	EB 7	'61	Lithin	8. th	Alla	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1808	CERTIFICA	ATE OF DEATH	1	Reg. Dis	st. Nol) 1787
1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Who o. STATE		If institution: Residence	
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF O	iutside carporale limit	s, write RURAL and g	give nearest tawn)
d. NAME OF HOSPITAL (If not in hospitat, give street OR INSTITUTION ON I ON MC 1970)		d. STREET ADDRESS	# 5		e. IS RESIDENC ON A FARM YES NO
3. NAME OF DECEASED (Type or print) Florence	Middle	Molitor	4. DATE OF DEATH	Manth	Day Yeor 17 196
5. SEX 6. COLOR OR RACE 7. MAR WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	Dec. 9, 18	9. AGE last b	1 1 1	1 YEAR IF UNDER 24 H Doys Haurs Mir
10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired)	None	STRY 11. BIRTHPLACE (Stote	ar foreign country)		ZEN OF WHAT COUNT
13. FATHER'S NAME William Brown			1/ 4	cInfere	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)		Ran Bullur	K, Ple	Address ASAN T	H:11 Mo
1B. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ine far (a), (b), and (c).]				ONSET AND DEAT
Canditians, if any, which (b)	abetic neph	ropothy			Years .
(0)		litus			Year:
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMI	NAL DISEASE CONDI	TION GIVEN IN PART	T 1(0) 19. WAS AUTOP PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature af injury in f	art I or Port II af ite	m 1B.)	
Hour o.m. While		ACE OF INJURY (Home, form ctary, street, affice bldg., etc.	, 20f. (City or tawn)	(C	County) (Sto
21. I certify that I attended the decear	,	, 1967, to 27-			st saw the deceas
ACTUAL SIGNATURE	Secretary dear		ADDRESS (Street, city		DATE SIGN
PHYSICIAN'S TILMON D.	oliuson	Elkt	zn, Me	Y .	
22a. BURIAL, CREMATION, REMOVAL (Specify) 2/20/6/	22c. NAME OF CEMETERY C	H; 11 MeT	22d. LOCATION (Cit	y Hille	(State)
23. FUNERAS DIRECTOR'S SIGNATURE	ADDRESS	Med. DATE AR	101	athur S. T	CALLA

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	and the second		

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEDTIEICATE OF DEATH

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1803	CERTIFICA	IL OI DEAIII		(, = , 0 0
1. PLACE OF DEATH o. COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE (Who. STATE Mary)	ere deceased lived. If institution: R b. COUNTY	esidence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		outside corporate limits, write RURAL	ond give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street	32yrs.3mo.2ld	ys Baltin	nore	e. IS RESIDENCE
or institution Veterans Administration			Haven 310	1-4 ON A FARM? YES NOTE
3. NAME OF First	Middle	Lost	4. DATE Month	Day Year
(Type or print) KENNET		MORGAN	DEATH Februar	y 1 1961
5. SEX 6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED	B. DATE OF BIRTH		nths Doys Hours Min.
Male White WIDOW	VED DIVORCED	2-3-01	59 yrs.	mins boys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote Pennsy]		2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	oual Mine	14. MOTHER'S MAIDEN N		UDA
Herman Morgan		Clara Lor		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17 I	NFORMANT	Address	
Yes, no, or unknown) Yes (If yes, give wor or dates of service)		Hospital Reco		Point, Md.
18. CAUSE OF DEATH [Enter only one couse per	line for (o), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Hemorrhage pui	lmonary		2 minutes
113 X DUE TO				Approx.
Conditions, if ony, which) (b)	Carcinoma of	the lung		3 years
gove rise to immediate				
couse (o), stoting the under- (c)				
	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	INAL DISEASE CONDITION GIVEN I	N PART 1(0) 19. WAS AUTOPSY PERFORMED?
[5]				YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in I	Port I or Port II of item 18.)	
Hour o. m. While		ACE OF INJURY (Home, farm octory, street, office bldg., etc	n, 20f. (City or town)	(County) (State)
21. I certify that him him house that atten	ded the deceased fram	October 11 18	8 to February 1	1961, KKKKKXXXXXXX
SOW THE STREET STREET STREET STREET	XXXXXXXX and that	death accurred at	M, fram the causes and o	n the date stated above.
120. SIGNATURE				22b. DATE SIGNED
E.S. all	0,	M.D. PHYS. DI	ED. STAFF IRECTOR PHYS.	2-1-61
22c. PHYSICIAN'S		22d. ADDRESS		
NAME (Type) E.S. ELLS, Chi	ef, Continued!	Preatment Ser	rvice, VAH, Perr	y Point, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 2/3/67	23c. NAME OF CEMETERY C		23d. LOCATION (City, town, or co Baltimore, M.	
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'		R'S SIGNATURE
Schimunek Funeral Home	, Baltimore,	Md. DATE F	EB 3 '61 aut	us S. Kraus

may be retained by the spital or attending physician.

TO FUNERAL DIRECTOR: "After this certificate has been signed by the attending physician and completely filled in by the funing page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death. PHYSICIAN: The law requires that the death certificate be executed within 24 haur TO HOSPITAL VR A1S (4) 1SM 9/S9

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

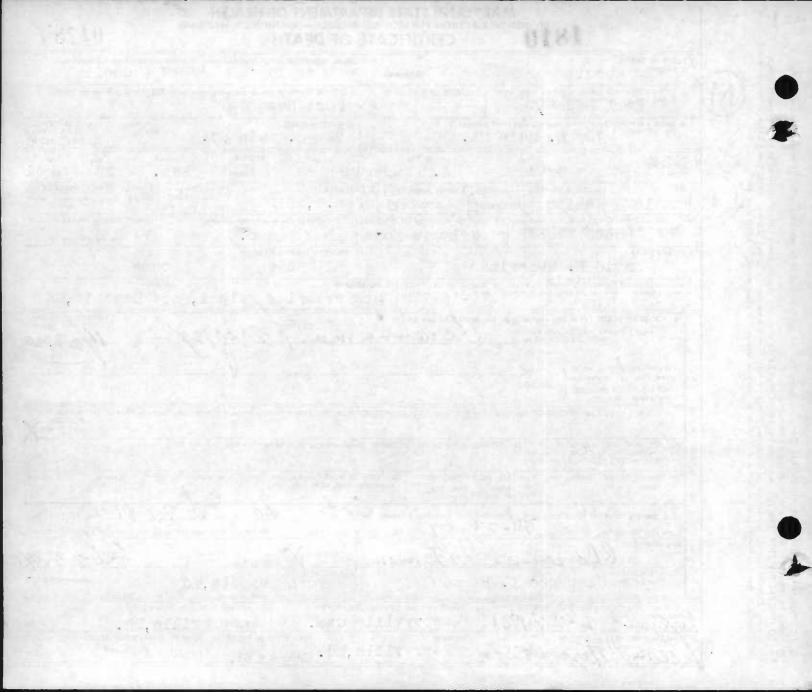
01789

		7.010		CERTIFI	CAIL	OI DEATH				
1.	PLACE OF DEATH o. COUNTY	Cecil		MARYL	AND 2.	USUAL RESIDENCE (WHO STATE MARY 18	ere deceosed	lived. If institution b. COUNTY	n: Residence befo	and the same of th
	b. CITY OR TOWN (If outside corporate limits, cares be posit	write	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN (IF a		ate limits, write RL	JRAL ond give ne	arest town)
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, giv 73분 S. Ma				d. STREET ADDRESS 73 g S. N	ain S	St.		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	First Grace		Middle A • Mi	ussel	man	4. DATE OF DEATH	Feb.		
	sex Female	7173. * 4	MARF	RIED NEVER MARRIED DIVORCED		ate of Birth an.8,1895	2	9. AGE (In years last birthday) O yrs.	Manths Doys	Hours Min.
100	during most of wor	ON (Give kind of work do king life, even if retired) USE KEEPET	ne 10b.	RIND OF BUSINESS OR Private		272	or foreign co	untry)		WHAT COUNTRY
13.	. FATHER'S NAME Dav	id H. Muss	elm	an	1.	Elizabet		Sti	ump	
15. (Ye		R IN U. S. ARMED FORCE (If yes, give war or dates of serv		social security No. 60-169772	17. INFOR	MANT Fredrick	Fel	Addr pel,Por		it,Md
CATION	Conditions, if a gove rise to it couse (o), stoting lying couse last. PART II. OT	immediate Dur TO	ITIONS (CONTRIBUTING TO DEAT	TH BUT NO	RELATED TO THE TERMI	NAL DISEASE	CONDITION GIVI	EN IN PART 1(o)	PERFORMED
CERTIFICA		AS UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)	0b. DES	CRIBE HOW INJURY OC	CURRED. (E	nter nature of injury in	Port 1 or Port	II of item 18.)		YES NO
MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Year 19	While			OF INJURY (Home, form, street, office bldg., etc		or town)	(County)) (Stote
	saw the decea	at (I) (this haspitel)				h occurred of	M, from	7007		hat (I) (we) lost e Mated above
	22a. SIGNATURE	Oloron	ee	J.15m	ETW.D.		ED. RECTOR	STAFF PHYS.	RI	226. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)		I.:	Benson		Port D				
23	SPEMONAL (Specify	23b. DATE THEREOF	961	23c. NAME OF CEMET		Cem.	Quar	ON (City, town, o	Pa.	(Stote)
24	OD A TO	S SIGNATURE	80	u Perry	ville		D BY REGIST	RAR 25b. REGIS	S. Have	RE

TO HOSPITAL OF STITE AG PHYSICIAN: The law requires that the death certificate be executed within 24 hours there dead page 4 may be remained by the spiral or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by file funeral director, page 3 shauld be detached far use as the buriol-transit permit. Then please remave carbon pagers. Pages 1 and 2 should be filed with the State Board at Health priar to burial, cremation, or removal, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

Then please remove carban popers. Pages 1 and 2 shauld be filed with

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remave carbon popers. Pages 1 and it he State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death.

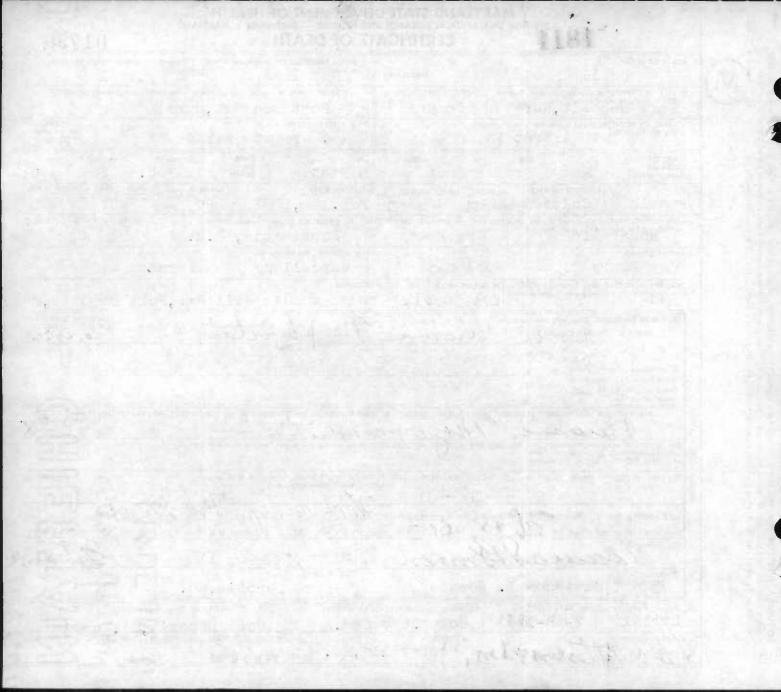
G PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs

TO HOSPITAL

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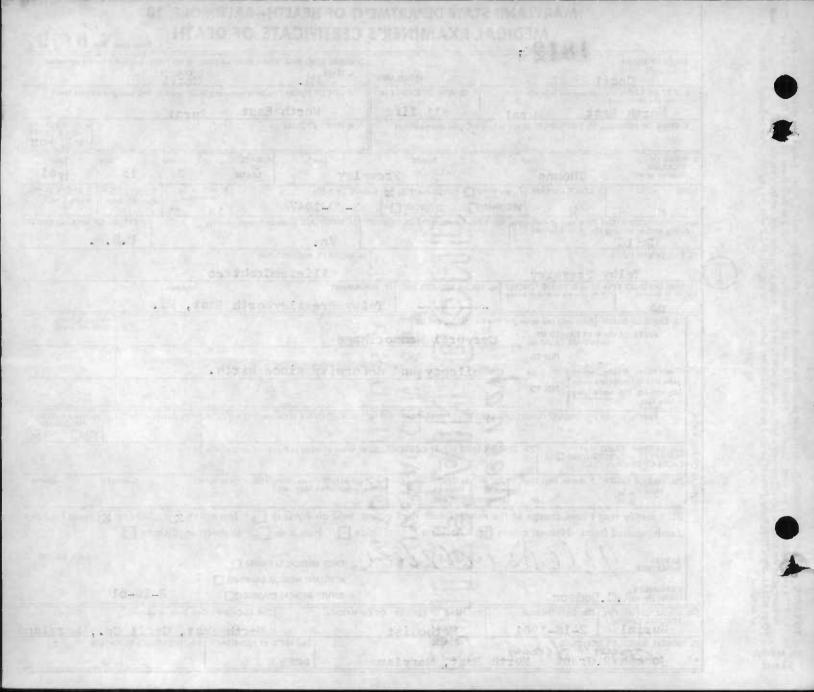
director,

PLACE OF DEA	711		- 11			1	issianl
o. COUNTY	Cecil	MARYLAND	2. USUAL RESIDENCE (Where	e deceased lived. If ir b. CO	UNITY	cil	ission)
b. CITY OR TO	WN (If outside corporate limits, writ give negrest town) Deposit, Rural		la.			d give nearest to	wn)
	OSPITAL (If not in hospital, give stre	J -	d. STREET ADDRESS	posit, Ru	ral	a is pi	ESIDENCE
OR INSTITU	TION	Farms	Mt. Arara	t Farms		ON	A FARM?
NAME OF DECEASED (Type or print)	Mary	Middle Hannah	Pitt (4. DATE OF DEATH	Month Feb.	Day 23	Year 19 61
remale		ARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH Feb. 14, 188	9. AGE (In lost birth 80	yrs. Months		s Min.
during most of	JPATION (Give kind of work done I of working life, even if retired)	Own Home	Washingt			US A	COUNTRY?
3. FATHER'S NAM			14. MOTHER'S MAIDEN NA				
h	enry]	Bowles	Marcellen	a T	urner		
Yes, no, er unknown)	DEVER IN U. S. ARMED FORCES?		INFORMANT	10/4774	Address	Trans	2 4 302
1/10		212-32-1654	Ars Alexander	William	s,Port	Depos	lt,MC
	I. DEATH (Enter only one cause per I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	r lige for (o), (b), and (c).]	hephr	rtes	40	ONSET AN	DEATH STATE
Conditions gave rise cause (o), st lying couse	I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO , if ony, which to immediate aling the under-lost. (c)	Chronic	hephr	rtes		ONSET AN	DEATH JUS
Conditions gave rise cause (a), st lying couse	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO , if ony, which to immediate aling the under-lost. OTHER SIGNIFICANT CONDITION	Obronic NS CONTRIBUTING TO DEATH B	ordite			ONSET AN	S AUTOPSY FORMED?
Conditions gave rise cause (o), st lying couse PART I	I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO , if ony, which to immediate ainmediate ainmediate for lost. OTHER SIGNIFICANT CONDITION	Obronic NS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMIN RED. (Enter noture of injury in Po			ART 1(a) 19. WA	S AUTOPSY FORMED?
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Conditions gove rise cause (o), st lying couse PART 20a. ACCIDE OR CONTRIB (IF EITHER, N 20c. TIME OF Haur 21. certifesaw the do	I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO , if ony, which to immediate along the under- lost. I. OTHER SIGNIFICANT CONDITION (c) INJURY Month, Doy, Year 20, 20, 20, 20, 20, 21, 21, 21, 21, 21, 21, 21, 21, 21, 21	DESCRIBE HOW INJURY OCCURED and work of work o	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) death accurred at M.D. ATTENDING PHYS. MEE 22d. ADDRESS	20f. (City or town) 7, ta STAFF	18.) 22., 196 es and an t	ONSET AN STATE OF THE STATE OF	S AUTOPSY FORMED? (Stote) (we) lasted abave



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TO DEPUTY N VICAL TARMINER: This certificate should be executed within 24 hours after death. If any delay is "seessary lease exe-	cute the ceremente, go the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral dir. Pag		TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, crematian,	
Scessor	Pa	1	ir ta buria	
y delay is	eral dire	aur files	gistrar pric	
ath. If an	ta the fur	sined far)	vith the reg	
s after de	, 2, and 3	lay be reto	I and 2 v	
in 24 hour	ve Pages 1	Page 5 m	File pages	
cuted with	m 18. Gi	arm PM3.	t permit.	
Id be exe	encil in Ite	ang with f	rial-transi	
ficate shar	ing" in pe	Office alc	ed as a be	
This certif	ard "pend	xaminer's	auld be us	
AMINER:	g the w	Medical E	Page 3 sh	
DICAL F	ricate,	the Chief	RECTOR:	
SPUTY N	the cer	farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files.	NERAL DI	emayal.
TO DE	cute	forv	TOF	ar removal.
VS	. A	15	ME	51

	1									18			
			1819	EDICA	L EXAMIN	IER'S	CERTIFICA	ATE OF	DEATH	Reg. Dist. N	01791		
(III)	1. 6	. COUNTY	ci1		MAR	YLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Mcl. D. COUNTY						
TAI	b	. CITY OR TOWN and give nearest tow	(If outside corporate limits, wr wn)	ile RURAL	c. LENGTH OF STA	/ IN 1b	c. CITY OR TOWN	(If autside carp	orate limits, write	RURAL and give	nearest town)		
	-								Rura1		e. IS RESIDENCE		
1			THE OR HOMOTOM	(II IIO III IIO	prior, give street dear	555)) JALLI ADDRESS				ON A FARM? YES NO		
1	1	ECEASED	Thomas	rst	Middle	Pres	last S1eV	4. DATE OF DEATH	Mant 2	h Day	Year 1961		
	5. S	EX		7. MARRI	ED NEVER MARRI				9. AGE (In years	-	IF UNDER 24 HRS.		
	L	М	W				3-20-1947		13 yrs.	Months Days	Haurs Min.		
	10a.	USUAL OCCUPAT uring most of work Child	ION (Give kind of work ting life, even if retired)	dane 10b. 1	KIND OF BUSINESS OF	RINDUSTR	Va.	te ar fareign co	ountry)		OF WHAT COUNTRY		
(=)	13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
(1)	1							eCrabti			•		
		(Yes, no, or unknown) (If yes, give war ar dates of service)											
		10 CAUSE OF DE	ATM (Fater only one co	use per line	for (a) (b) and (c)]	Ta	1by Pressie	eynorth	East, M		ERVAL BETWEEN		
		Canditions, if gave rise to imm	DUE TO Ony, which ediote couse underlying DUE TO					nce bit	th.				
	ATION	PART II. O	THER SIGNIFICANT CON	NDITIONS CO	ONTRIBUTING TO DEA	TH BUT NO	OT RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	VEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO S		
0	CERTIFIC	PRIMARY ar CC	ONTRIBUTING	0b. DESCRIB	E HOW INJURY OCCU	JRRED. (En	ter nature of injury in P	art I or Part II	of item 18.)				
	MEDICAL	Hour o. m		While	Nat while_	20e. PLAC factor	E OF INJURY (Home, fary, street, affice bldg., e	rm, 20f. (City	or town)	(County)	(State)		
							· ·				, and find that		
1		ACTUAL SIGNATURE	Meles	De					idetermined (cause [_].	DATE SIGNED		
		EXAMINER'S NAME (Type) R.	.C.Dodson	7				111111111111111111111111111111111111111		2-16-61			
Q	220.	REMOVAL (Specify	ON, 22b. DATE THERE	OF	22c. NAME OF CEME	TERY OR C	REMATORY	22d. LOCAT	ION (City, town,	or county)	(State)		
10		Burial	2-18-19	61	Methodi	ist		North	East. C	Cecil Co.	. Marylan		
		3. % 5. 5. 5. 100. 13. 15. (Yes.	D. COUNTY Ce b. CITY OR TOWN ond give nearest to NOrth d. NAME OF DECEASED (Type or print) 5. SEX M 10a. USUAL OCCUPAT during most of work Child 13. FATHER'S NAME (Tes. No. or unknown) 10 18. CAUSE OF DE PART I. DE Conditions, if gove rise to imm (o), stoting the cause lost. PART II. O 20a. EXTERNAL C PRIMARY or CC CAUSE OF DEATH 20c. TIME OF INJ Hour o. m p. m 21. I certify death resulte ACTUAL SIGNATURE EXAMINER'S NAME (Type)R 22a. BURIAL CREMATI	1. PLACE OF DEATH o. COUNTY Cecil b. CITY OR TOWN (if outside corporate limits, wo ond give necrest tevens) North Bast d. NAME OF HOSPITAL OR INSTITUTION 3. NAME OF DECEASED (Type or print) Thomas 5. SEX 6. COLOR OR RACE M 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if refired) Child 13. FATHER'S NAME Talby Pressley 15. WAS DECEASED EVER IN U. S. ARMED FO (Yes, no, or unknown) (If yes, give war or dofes or no not unknown) 18. CAUSE OF DEATH [Enter only one compared to the course of	I. PLACE OF DEATH o. COUNTY Cecil b. CITY OR TOWN Iff outside corporate limits, write RURAL and give nearest fewn) North Bast RITA1 d. NAME OF FIRST J. PECEASED (Type or print) Thomas S. SEX 6. COLOR OR RACE WIDOWE 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if refired) Child 13. FATHER'S NAME Talby Pressley 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war ar dates of service) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CO. DUE TO CAUSE OF DEATH. PART II. OTHER SIGNIFICANT CONDITIONS CO. DOE TO CAUSE OF DEATH. 20a. EXTERNAL CAUSE WAS PRIMARY ar CONTRIBUTING CAUSE OF DEATH. Hour a. m. p. m. 19 of was 21. I certify that I took charge of the death resulted from: Natural causes ACTUAL SIGNATURE EXAMINER'S NAME (Type)R. C. DOdS ON 220. BURIAL CREMATION. 22b. DATE THEREOF	PRACE OF DEATH C. COUNTY Cecil MAR C. COUNTY Cecil MAR C. COUNTY Cecil C. LENGTH OF STA' C. LENGTH OF ST	PLACE OF DEATH	MEDICAL EXAMINER'S CERTIFICA PLACE OF DEATH 2 2 2 2 2 2 2 2 2	MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH O. COUNTY Cecil MARYLAND Cecil MARYLAND North Rast Riral All life d. NAME OF DEATH A. NAME OF DEATH MIDDINES S. SEX 6. COLOR OR RACE MIDDINES First MIDDOWED DIVORCED DIVORCED DIVORCED 3. NAME OF DEATH MIDDOWED DIVORCED DIVORCED Thind 13. FATHER'S NAME Talby Pressley 15. WAS DECEASED EVER IN U. S. ARMED FORCES TYRE, we was or diving oil swring) Thomas 15. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c)] PART IL DEATH WAS CAUSE BY IMMEDIATE CAUSE (b) DE TO Conditions, if only, which give circum of the per line for (a), (b), and (c)] PART IL DEATH WAS CAUSE BY IMMEDIATE CAUSE (b) DE TO CONDITIONS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II. 21. I certify that I took charge of the remains described above, held an Autopsy I. I. learning that the provided in work I. I. learning that the per line for (c), (b), and (c)] 20b. EXTERNAL CAUSE WAS CAUSE OF DEATH Enter only one course per line for (a), (b), and (c). 21. I certify that I took charge of the remains described above, held an Autopsy I. I. learning the per line for (c), (b), and (c). 22b. EXTERNAL CAUSE WAS CAUSE OF DEATH Enter only one course per line for (c), (b), and (c). 22b. EXTERNAL CAUSE WAS CAUSE OF DEATH Enter only one course per line for (c), (b), and (c). 22b. EXTERNAL CAUSE WAS CAUSE OF DEATH Enter only one course per line for (c), (b), and (c). 22b. EXTERNAL CAUSE WAS CAUSE OF DEATH Enter only one course per line for (c), (b), and (c). 22c. TIME OF INJURY Month, Day, Year While Was work Green and the provided Colory, street, effice bidg., etc.) 22c. TIME OF INJURY Month, Day, Year ASSISTANT MEDICAL EXAMINER ASSISTAN	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH a. COUNTY Cecil MARYLAND L. CHIT OR TOWN (if which corporate limit, write EURAL on STATE M. CECIL b. CITY OR TOWN) (if which corporate limit, write EURAL on STATE M. CECIL ALL LENGTH OF STAY IN 1b NOTTH Bast Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitol, give street address) Thomas First Middle Lost OF DEATH Middle Lost OF DEATH Middle Lost OF DEATH PRESSLEY DEATH 10. USUAL OCCUPATION (Give kind of work dome) IDS. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stofe or foreign country) Va. UNDOWNED DIVORCED 3-20-1947 13. FAITHES NAME Talby Pressley 14. MOTHERS MAIDEN NAME (CLITICATE OF DEATH Middle Lost OF DEATH Middle Pressley 13. NAME OF DEATH Middle Lost OF DEATH Middle Lost OF DEATH Middle Lost OF DEATH Middle Pressley 13. PARTEC (Stofe or foreign country) Va. 13. FAITHES NAME Talby Pressley 14. MOTHERS MAIDEN NAME (CLITICATE (Stofe or foreign country) Va. 15. WAS DECEASED FYER N. U. S. ABMED FORCES? 16. SOCIAL SECURITY NO. 17. NORMANT Talby PressleyNorth Bast, Middle Country, Which gover rise to immediate country (b) PART I. DEATH WAS CAUSED BY. Conditions, if ony, which gover rise to immediate country (c) Part I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF COUNS (In the CF INJUSY In Part I or Part II of Hem 18.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF Which are only one work in the windle of work of work in the Windle Of Work in the Work	LACE OF DEATH C. COUNTY C. C. I.		



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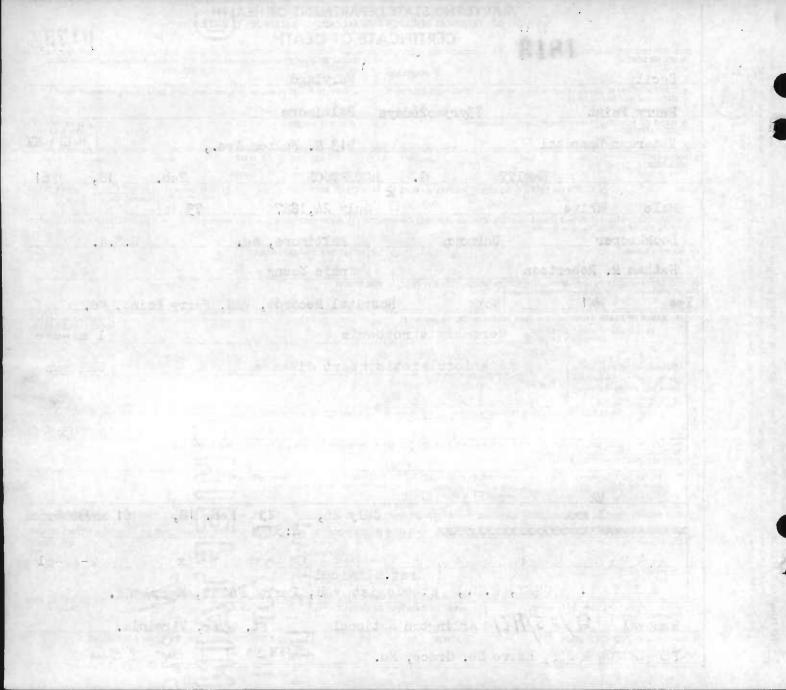
		101	2	CERTIF	ICA	TE OF DEA	TH			(/1	192
1.	COUNTY Cecil	340577)	MARY	LAND	2. USUAL RESIDENCE o. STATE Maryland	. 0	b. COUNTY	on: Residence	before admi:	ssion)
	b. CITY OR TOWN (I	f outside corporate lim	its, write c	LENGTH OF STAY	IN 1b			prote limits, write R	URAL ond give	e nearest tow	vn)
7	Perry Po:		2	35vr3mo26d	lawe	Baltimor	•		BV	01-	4
	d. NAME OF HOSPIT	AL (If nat in hospitol, s	give street add	dress)	Lay 3	d. STREET ADDRE				e. IS RE	SIDENCE
	OR INSTITUTION Veterans	Hoapital				913 N. F	ulton Ar	70			A FARM?
	NAME OF		rst	Middle		Lost	4. DATE	Man	th	Day	Year
	DECEASED (Type or print)	TEMM.	TTT	G.		ROBERTSON	OF DEATH			18.	1961
S. 5	SEX	6. COLOR OR RACE		D NEVER MARRIE		B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 Y		
1	Male	White	WIDOWED			July 24, 18	107	fost birthday) 72 yrs.	Months Do	ys Hours	Min.
10a	. USUAL OCCUPATION	ON (Give kind of work	done 10b. KII	tuesd.	R INDUS	STRY 11. BIRTHPLACE (State or foreign o		12. CITIZE	N OF WHAT	COUNTRY?
	Bookkeep	ing life, even if refired	1)	mown					U.S.	A	
13.	FATHER'S NAME	<u> </u>	Olli	diowii		Baltimo	DEN NAME		10,0	· Ale	
	Nathan R	. Robertson	1			Annie Yo	າາກອ				
	WAS DECEASED EVE	R IN U. S. ARMED FOR	RCES? 16. SO	CIAL SECURITY NO	. 17. IN	IFORMANT	, ca 12	Add	ress		
901	es no, or unknown)	(If yes, give war or dates of s	Nor	ne	Hos	spital Reco	rds VAI	I Permy	Point	Md.	
		TH [Enter only one co				000000	1111	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		INTERVAL B	
	PART I. DEA	TH WAS CAUSED BY:	Cor	onary thi	romb	osis				1 min	nute
	1,0	DUE TO									
	Conditions, if o	0 40	Ate	riosclere	otic	heart dis	38888			Unkno	own
	gove rise to i	mmediate ()							V	J 11 12
	lying couse lost.	the under-	-1								
CATION		HER SIGNIFICANT CON	IDITIONS COL	NTRIBUTING TO DEA	ATH BUT	NOT RELATED TO THE	TERMINAL DISEAS	SE CONDITION GIV	EN IN PART 1	PERF	AUTOPSY ORMED?
RTIFE	20a. ACCIDENT WA	S UNDERLYING CONTROL	20b. DESCRI	BE HOW INJURY O	CCURRE	D. (Enter nature of inju	ry in Port I or Po	rt II af item 1B.)			
CERT.	(IF EITHER, NOTIFY	MEDICAL EXAMINER)									
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Ye		URY OCCURRED		ACE OF INJURY (Hame,		y or town)	(Cou	inty)	(State)
MED	Hour o.m. p.m.	VA 19	While at wark [Nat while of work	100	nory, sheer, office blug	j., 61c.)				
	21. I certify the	t XI) White hospita	1) attended	d the deceased	from .	July 26,	. 1925 . to F	Feb. 18.	1961	. stheredte.	toek lend
						leoth occurred al					
	22a. SIGNATURE										2b. DATE
	080	ent L.	more	700	1	M.D. PHYS.	MED. DIRECTOR	STAFF PHYS.		2-19	9-61
	22c. PHYSICIAN'S			As	st.C	liff & Deless					
	NAME (Type) ALBER	r L. MOONE	EY, M.	D., Patho	olog	ist VAH, I	Perry Po	int. Mar	vland		
230	BURIAL, CREMATIO			23c. NAME OF CEMI				TION (City, town,			ate)
	REMOVAL (Specify)	2/25	1961	Arlington	n Nat	tional	Ft. B	ver. Vir	ginia.		
24_	ELINERAL DIRECTOR	S SIGNATURE	10/	ADDRESS		25a.	REC'D BY REGIS		STRAR'S SIGN	ATURE	
1	PENNINGT	ON & SON I	lavre I	De. Grace.	Md.	DAT	FEB 2 8 '6	1 an	Chur S. to	and	

PENNINGTON & SON, Havre De. Grace, Md.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by The funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Baard of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs offer death. G PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ed by th

TO HOSPITAL

VR A1S (4) 15M 9/59



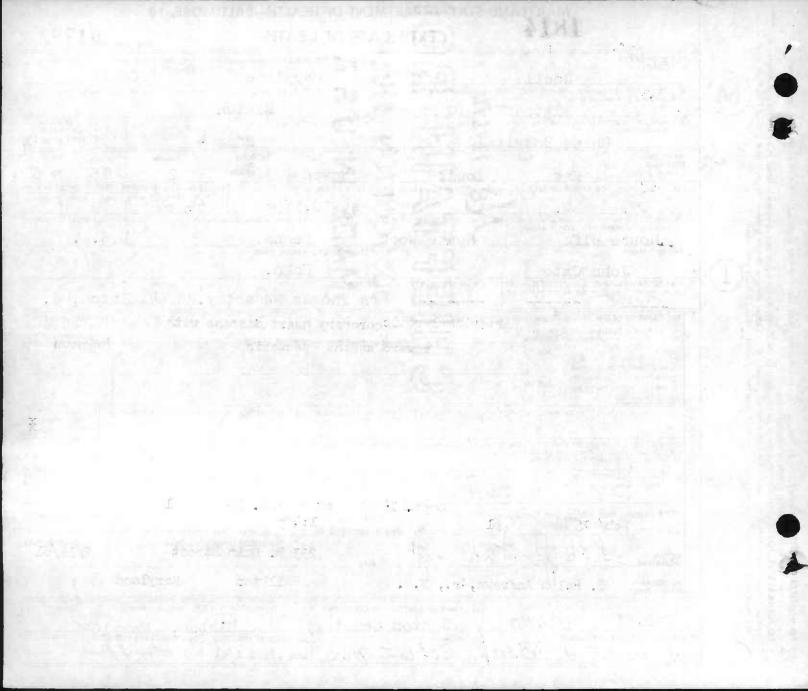
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

11793

								keg. Dist.	140.	0
1. PLACE OF DEATH o. COUNTY					2. USUAL RESIDENCE (V		ived. If instituti	-		mission)
	Cecil		MARYL	AND	Mary]	Land	5, 600, 111	Cec:	il	
b. CITY OR TOWN (I RURAL and give no	f outside corporate limits carest tawn)	, write	LENGTH OF STAY IN	N 16	c. CITY OR TOWN (IF			URAL and give	nearest to	own)
	Elkton		10 Days			Elkton				7.316
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, giv	e street ad	ldress)		d. STREET ADDRESS					RESIDENCE N A FARM?
	Inion Hosp	ital			1	Rd #	4		YES	□ NO □
3. NAME OF DECEASED	First		Middle		Last	4. DATE OF	Man	th	Day	Year
(Type or print)	Mae	I	ouise		Rowen	DEATH	2		15	19 61
5. SEX	6. COLOR OR RACE		D NEVER MARRIED	8.	DATE OF BIRTH	9.	AGE (In years lost birthday)	IF UNDER 1 Y	_	
F.	W.	WIDOWED	DIVORCED		May 10,189	96	64 yrs.	Months Da	ys Hou	rs Min.
00. USUAL OCCUPATION	ON (Give kind of work do	ne 10b. Kl	ND OF BUSINESS OR				ntry)	12. CITIZEN	OF WHA	AT COUNTRY
House			House Wo	rk	Penr	na.		U.	S.A.	
13. FATHER'S NAME	11-1-1		110400 110	2 44	14. MOTHER'S MAIDEN					
Jol	nn Cato				Unkr	1.				
15. WAS DECEASED EVE	R IN U. S. ARMED FORCE		CIAL SECURITY NO.	INF	ORMANT		Add	ress		
(Yes, no, or unknown)	(If yes, give war or dates of serv	rice)		Mr	s Thomas 1	McCarth	y.Rd #	H, Elk	ton,	Md.
Conditions, if o	mmediote (DUT TO	se Agr. the	fi0sCrefot seve		ronary hear ngina pect	t diseas	se with			BETWEEN ND DEATH
CATIC	(c)_ IER SIGNIFICANT COND							EN IN PART 1	a) 19. WA PER YES	REPORMED
20g. ACCIDENT WAS	MEDICAL EXAMINER)				(Enter noture of injury in			(Cau	ntv)	(State)
Hour o.m.	19	While	Not while	facto	ry, street, office bldg., e	tc.)		1600	,,	(0.0.0)
	at lattended the of 15	deceased 61		м	19 19 19 19 19 19 19 19 19 19 19 19 19 1	ADDRESS (Stre	e causes and street			
22o. BURIAL, CREMATIO REMOVAL (Specify)	- 1-0 11		22c. NAME OF CEMET	TERY OR	CREMATORY	22d. LOCATIO	ON (City, town,	or caunty)	(5	State)
Burial"	2/18/6	1	Elkto	n Ce	emetery		kton.	Mary	and	
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			C'D BY REGISTRA		STRAR'S SIGN	ATURE	
N Woll	in d. 12	021/1	6lkly	n.	mil DATE !	FER 2 3 '6	1 0	rthur S. 9	hous	

TO HOSPITAL of WITE IG PHYSICIAN: The law requires that the death certificate be executed within 24 haurs for dead page and be retained by the spital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death.



MARYLAND STATE DEPARTMENT OF HEALTH

		1815	ION OF			TE OF DEATH	OKE 1, 1	MAKILAND		0.	179	14
	PLACE OF DEATH a. COUNTY	Cecil		MARY	AND	2. USUAL RESIDENCE (Whe o. STATE D. C.		d lived. If institution b. COUNTY	on: Resider	ce befor	re admissi	ion)
	b. CITY OR TOWN (IF	outside corporate limi	its, write	c. LENGTH OF STAY	N 1b	c. CITY OR TOWN (If ou	tside corpo	rote limits, write RI	JRAL and	give nec	rest tawn)
	Perry Po	oint. Md.		2 mo. 12	day	s Wash:	ingto	n		6	+7	X
	d. NAME OF HOSPITA	-	give street			d. STREET ADDRESS				I	e. IS RES	DENCE FARM?
V	eterans A	dministrat	ion	Hospital		156 Toda	l Pla	ce N.E.				NO
3.	NAME OF	Fir	rst	Middle		Last	4. DATE	Man	th	Da	y \	/ear
	DECEASED (Type or print)	THOM	IAS	J.		SAVOY	OF DEATH	Febru	lary	27	1	961
5.	SEX ·	6. COLOR OR RACE	7. MARR	IEQITE NEVER MARRIE	DO	8. DATE OF BIRTH		9. AGE (In years	IF UNDER			
	Male	Negro	WIDOW			9-15-92		last birthdoy) 68 yrs.	Months	Doys	Hours	Min.
160	USUAL OCCUPATIO	N (Give kind of work	dane 10b.	KIND OF BUSINESS OF	RINDUS	STRY 11. BIRTHPLACE (Stote o	r foreign c	ountry)	12.CIT	IZEN OF	WHATC	OUNTRY?
	Poli o	ing life, even if retired		.S.Special	1150	Pennsyl	vania		U	SA		
13.	FATHER'S NAME				17.00	14. MOTHER'S MAIDEN NA		EULIA				
	T.	Villiam Sa	ZVOV	(deceased)		Lottie Har	rding	(deceas	(bas			
	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	IFORMANT		Addi				
{Ye	Yes	If yes, give wor or dates of s WW-1		42-12-7040	H	ospital Reco	rds.	VAH Perr	v Po	int	. Ma	
				ne for (o), (b), and (c).]		ODDIVOL ROOV.	40	7.000		INTE	RVAL BE	TWEEN
	PART I. DEAT	H WAS CAUSED BY:	Per	itonitis d	1111	nge					SET AND	hrs
	1 23,	DUE TO)								, , ,	44.5
	Conditions, if or gove rise to in					sigmoid, reco	ırren	t with		1	unkn	own
	cause (a), stating t) wi	despread n	neta	stasis						
CATION	PART II. OTH	ER SIGNIFICANT CON	IDITIONS (CONTRIBUTING TO DEA	TH 8UT	NOT RELATED TO THE TERMIN	AL DISEAS	E CONDITION GIV	EN IN PAR	(T 1(a) 1	PERFO YES 🙀	RMED?
CERTIFI		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRE	D. (Enter noture of injury in Po	ort I or Por	t II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	VA 19	20d. II While at wor	NJURY OCCURRED Nat while k ot wark		ACE OF INJURY (Home, farm, ctary, street, affice bldg., etc.)		or town)	(County)		(Stote)
	21. I certify tha	EKS/SKKS/KDZIK	() attend	led the deceased	from	December 150	50, toF	ebruary	27196	Lxxt	X(X)XI	wei daer
						leath accurred at						
	22a. SIGNATURE						-				22	b. DATE SIGNED
	0	.L. M	5001	ey		M.D. ATTENDING ME	ECTOR [STAFF PHYS.			2-	28-6
	22c. PHYSICIAN'S NAME (Type)	A I MOOR	T 1.13F	1 0 03:	3	22d. ADDRESS	TEATE	7)		3.0		
		A. L. MOON	YEY,	Asst. Clini	cal	Pathologist	· VAH ·	Ferry 1	oint	, Me	a.	

23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Havre de Grace, Md.

Arlington National

23d. LOCATION (City, tawn, ar county)

'61

2Sa. REC'D BY REGISTRAR

DATE

MAR 7

Arlington, Virginia 256. REGISTRAR'S SIGNATURE

O. Ilan S. Kraus

(State)

moy be revoided by the spital ar attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by The funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, or remayal, and in any event, within 72 hours after death.

G PHYSICIAN: The law requires that the death certificate be executed within 24 hour

VR A1S (4) 1SM 9/S9

23a. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

23b.

HEATH TO TENISM AND THE TOTAL PROPERTY OF T

the state of the s · V V V OIL POR TO THE PROPERTY OF STREET Manager Comment of the Comment of th --and the second s Baleri I, no salva i pri metta acamita i Alla Sala a Maleri

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Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1816 **CERTIFICATE OF DEATH**

		- 1	I	M	6 1	glav	
Reg.	Dist.	No		6	3		

1. PLACE OF DEATH o. COUNTY	Ceci1		MARYL	AND	o. STATE			lived. If institut b. COUNTY	C	eci1		
RURAL and give a	(If outside corporate liminearest town) Rural North		c. LENGTH OF STAY II		c. CITY OR TO			ote limits, write forth Eas		give neor	rest fown)
d. NAME OF HOSP OR INSTITUTION	TAL (If not in hospital, g	ive street o			d. STREET AC	DRESS				•		DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Fir Char		Middle R.		hifflet	t	4. DATE OF DEATH	Mor	2	Day 15		ear 9 61
5. SEX Male	6. COLOR OR RACE white		DIVORCED		Sept.			9, AGE (In years lost birthdoy) 80 yrs.	Months	Days Days	Hours	R 24 HRS. Min.
100. USUAL OCCUPATE during most of wo Parme	ION (Give kind of work riving life, even if retired	done 10b. I	Farm Owner		TRY 11. BIRTHPLA	Virg	ginia	untry)	12. C1	TIZEN OF	USA	COUNTRY?
	no informat:	ion			14. MOTHER 3		nforma	tion				
	ER IN U. S. ARMED FOR	CES? 16. S	SOCIAL SECURITY NO.	17. IN	FORMANT	110 1	THE O'LDIG		lress		0.19	
no or unenown)	(If yes, give war or dates of s	ervice)	none		Wil.	liam	F.Shif	flett No	orth	East,	Ma	ry1and
Conditions, if gove rise to couse (o), storing lying couse lost PART II. Of	the under-	H)	pertunive									RMEDS
200. ACCIDENT WOR CONTRIBUTING	AS UNDERLYING AGE CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURRED	. (Enter nature of	injury in I	Port 1 or Part	11 of item 18.)				
20c. TIME OF INJU Hour o. m. p. m.	10	20d. IN While of work	_ Nat while _	20e. PLA facti	CE OF INJURY (H ory, street, office	ome, farm bldg., etc	20f. (City	or tawn)	((County)		(Stote)
21. I certify to alive on	Blaus H.	1961 Hue	dur Huebne	N		4:45	P.M. fram	the causes of the cause of	and an I		e state	
220. BURIAL, CREMATI REMOVAL (Specify Surial 23. FUNERAL DIRECTO	2-19-19		Metho				Nor		Cec:	il Co	(Stote	vid.
- XDall	DUKII NAM	rth				DATE FE	B 2 3 '6'	RAR 24b. REG	istrar's si			

may be retology by popital ar ottending physician.

O FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in the function page 3 should be detached far use as the burial-transit permit. Then please remave corbon papers. Pages 1 and 2 should be filled with the registrar priar to burial, cremation, or remaval, and in any event within 72 hours after death. DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter d TO HOSPITAL OR ATTEM

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEAT 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) a. COUNTY ege. of Health, files. Cecil MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) Cirector. your dof write RURAL and give nearest town) Rising Sun, Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) Boar e. IS RESIDENCE retained for **EXAMINER**: This certificate should be executed within 24 hours after death. If any deate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral atte. Welcies Examiner's Office along with form PM3. Page 5 may be retained for R. Page 3 should be used as a burial-transit permit, File pages 1 and 2 with the State Bo rior to burial, cremation, or removal, and in any event within 72 hours after death. ON A FARM? YES NO NAME OF Middla Last 4. DATE Month Dey Yeer DECEASED OF 19 61 (Type or print) DEATH Thomas 19 Roy 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR 5. SEX B. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months Days WIDOWED DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, evan if retirad US A. Tenn. 13. FATHER'S NAME Farming 14. MOTHER'S MAIDEN NAME Pelly Wilson Jasper Thomas 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yas giva wer or dates of service) Mrs. Beb Thomas, Rising Sun, Md. any 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Coronary Occlusion IMMEDIATE CAUSE (e) DUE TO Conditions, if env. which (b) gave rise to immediate cause DUE TO (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY CERTIFICATION PERFORMED? ease execute the certificate, writing the word should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be NO I 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury In Pert I or Part II of itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Homa, farm, Month, Day, Year 20f. (City or town) (County) (Steta) factory, street, office bldg., atc.) While Not While et work et work prior Inspection 30 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry X and in my opinion Undetermined manner death resulted from: Natural causes Se Accident Suicide Homicide (EDI designated ACTUAL DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER, A RISING SUN MC . Addrass (Sheat, city, fown, or county) DEPUTY EXAMINER'S 2-19-61 NAME (Typa) .C.Dods. please 22c. NAME OF CEMETERY OR CREMATORY 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 01 40 urlah 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

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VS. A15ME 5M 7/59

I'o 0.1 - Ricinsom, Mural 27 · mn : to die •11, il-on 10 - 100 1 10 oc 210 THE PACES OF THE PARTY OF THE P 2-12-01 The second of th The same with the green of the things of the same

TO HOSPITAL OR ENGLISHED PHYSICIAN: The law requires that the death certificate be executed with 24 the death. Page 4 may be crained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1	1010		11707
0 10	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Res	idence before dimission
1	Cecil MARYLAND	Maryland Co	Pal
	b. CITY OR TOWN (if outside corporate limits, page RURAL end give neerest town)	c. CITY OR TOWN (Iffoutside corporate limits, write RURAL and g	give neerest town)
Ì	Port Neposit Lifetime	Fort Waposit	IS DESIDENCE
	d. NAME OF HOSPITAL OF INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	3. NAME OF First Middle	Lest 4. DATE Month	YES NO
	(Type or print) Mary Losephine	Townsend OF DEATH Feb 4	+ 1961
	5. SEX 6. COLOR OF RACE 7. MARRIED NIVER MARRIED 8	9. AGE (In yeers IF UNDER 1 YE lest birthdey) Months De	
1	Temale negro WIDOWED DIVORCED 1	March 9, 1901 59 yrs.	
	10e. USUAL OCCUPATION (Give kild of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZE	N OF WHAT COUNTRY
	13. FATHER'SMAME	14. MOTHER'S MAIDEN NAME	** , 10 .
	George E. Stewart	alice Lee Iton	ras
	15. WAS DECEASED EVERTIN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give wer or deles of service)	W. William, n Delkin Warley	eter. ml.
	18. CAUSE OF DEATH [Enter only one couse for fine for (e), (b), end (91)	or of court, and	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	socartile -	ONSET AND DEATH
	DUE TO		
	Conditions, if eny, which (b)		
	geve rise to immediate cause (e), stating the underlying DUE TO		
	ceuse lest. (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	a) 19. WAS AUTORSY PERFORMED
	3 Colles - Drastce	ulles	YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter neture of injury in Pert I or Pert II of item 18.)	
	6	CE OF INJURY (Home, ferm, 20f. (City or town) (County street, office bldg., etc.)	y) (Stete)
	Hour e.m. While Not While fet work 19 et work	(1/2-1/4/2/	
	21. I certify that (I) (this hospital) attended the deceased from.	1900 to 120-1, 101	., that (I) (we) las
	saw the deceased alive on 1991, and that	death occured a	date stated above
	22. SIGNATURE	ATTENDING MED STAFF	22b. DATE
		A.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 4)	726-0701
	22c. PHYSICIAN'S NAME (Type)	Port topoet,	mex
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)	(Stele)
	Burial Fet, 7, 1961 Cokestury	Cemetery Cokechury, Cice	CC. Md.
	24 EUNERAL DIRECTOR'S SIGNATURE ADDRESS 5.56 (2)	erren St. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIC	GNATURE
	Willia h Quiller a Steer de Gran	DAFEB 8 '61 arthur S. Kins	aud.

to and by THE WHILE A DESCRIPTION OF THE PROPERTY Ell Read Continued of the Continued of the Mary Server Langue Langue of the Con-Fred Trops The Street Little Land Bank and Bank (I) yeary E. Terrait . Thereis of the Terraid netwo The Redian I Treety dieserges in The same of the sa willian I Bullety stance the the the of the

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1819

CERTIFICATE OF DEATH

01798 Reg. Dist. No.

	o. COUNTY	Cecil		M	ARYLAND	2. USUAL RESIDE	MCE (WH	nere decease	d lived. If institut b. COUNTY		nce befor	re admiss	ion)
	b. CITY OR TOWN (III RURAL and give ne		its, write	c. LENGTH OF S	TAY IN 16		kton		rate limits, write l	LURAL and	give nea	rest town	1)
	d. NAME OF HOSPIT	At (If not in hospital, orth Str		address)		d. STREET AD		orth S	Streets	1			FARM?
1	B. NAME OF DECEASED (Type or print)	GEORGE	rst		ddle RIOS	VAGG:	I	4. DATE OF DEATH	Feb		Day		Year 1961
1	s. sex Male	6. COLOR OR RACE White	7. MARE	ED DIVO	RCED	8. DATE OF BIRTH April 2	3. 1	890	9. AGE (In years lost birthdoy) 70 yrs.	IF UNDE Months	R 1 YEAR Days	Hours	R 24 HRS. Min.
	Oa. USUAL OCCUPATION during most of wark Hotel 3. FATHER'S NAME	DN (Give kind of work ing life, even if retired	done 10b.	Owner		Kythe	era,	Gree		12. CI	IZEN OF	WHAT C	OUNTRY?
	Dimitrio	s Vaggi				Evan			No Inf	•			
	(Yes, no, or unknown)	R IN U. S. ARMED FOI (If yes, give war or dates of		SOCIAL SECURITY		rs. Mar	y G.	Vag		ton.	Md		
		TH [Enter only one of TH WAS CAUSED BY: IMMEDIATE CAUSE (Ac			hrombosis	3				30	RVAL BE	TWEEN
	Canditions, if an gove rise to in couse (a), stating lying cause lost.	ny, which mmediate DUE TO	Ar	terioscl	ero ti c	hyperter	nsive	_	iosascula isease	ar	un	know	n
	CATIO	IER SIGNIFICANT CON		CONTRIBUTING TO	DEATH BUT	NOT RELATED TO 1	HE TERMI	INAL DISEAS	E CONDITION GI	VEN IN PA	RT 1(a) 1	PERFO	AUTOPSY DRMED?
	(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJUR	RY OCCURRE	D. (Enter nature of	injury in	Part I or Por	t II af item 18.)				
	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Ye	20d. II While of wor	NJURY OCCURRED Not while t ot work		ACE OF INJURY (Hotory, street, affice I		-)	- 4-		(County)		(Stote)
	21. I certify the alive an	S. Ralph A	ma	ed fram, and the state of the s		accurred at 2		M, from	the causes ar treet city ar town	nd an th	e date	stated	
	220. SURIAL, CREMATIO REMOVAL (Specify) BURIAL	2-11-6		Woodl		emetery		Bal	timore,	M	da	(Stot	e)
	3. FUNERAL DIRECTOR	s signature ERAT, HOME	: 22-	ADDRESS	22	Elkton		D BY REGIS	TRAR. 246. REG	ISTRAR'S S	Lwa S.		R

VS A1S (4) 1SM 9/S8

MARL HOSTAS PURSON AND MARLENTA THE THE PERSON OF THE PERSON O Alabana and the track of the land of the land of PENDLEDGE COME IN REPORT A CHOIN PROCESS OF THE COME

FOR STATE HEALTH DEPT.

TO DEPUTY ME. AL EXAMINER: This certificate should be executed within 24 hours after death. If any dec. a necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the Line Tractor. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retrieved for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Skit, Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event, within 72 hours after down.

VS. AISME 5M 7 59 loss

MARYLAND STATE DEPARTMENT OF HEALTH

of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1820 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01799

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDEN	ICE (Where deceased I	ived, If institution: Re	esidence before edmission)
Gecil Maryland	a. STATE	ь	. COUNTY	
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. CITY OR TOWN	If outside corporete lim	Cecili	give neerest town)
Rainbridge 1 mo 29 da d. Name of Hospital or Institution (if not in hospital, give street eddress)	Beżnbr!	idgePort_De	posit	e. IS RESIDENCE
U.S.Naval Traing Hospital	1190 Pr	eston Drive	Manor He	ight was No
3. NAME OF First Middle DECEASED First Middle (Type or print) To Tayma	Last	4. DATE OF DEATH	Month	7 10 6I
00 Halie marre	Young		AL III III III III III III III III III I	17
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	12-8-60			YEAR IF UNDER 24 HRS. Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	11. BIRTHPLACE (Steta	or foreign country)		ZEN OF WHAT COUNTRY?
Infant Infant	Md.		U.S	.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME		
Robert David Young	Donna: 1		eron	Md.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yas, no, or unkown) (Ifyesgive werordetesofservice)				td, Port Depe
Ro Ro	bert Davis Y	oung, 1190	Preston D	rive Manor
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Oedema				ONSET AND DEATH
50 2 DUE TO			DUTHOU VS	
(Panding ahamias	l examination	n. iff diff	erent and	ther
geve rise to immediate cause	4 0110411111010101	as data data	OTCHO EHO	VIICI.
(a), stating the underlying DUE TO				
cause lost. Call Cartificate will		NAL DISEASS CONDITI	ON CIVEN IN DARK	1/ 1/ 10 1//45 ALITORSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OF KELATED TO THE TERMI	NAT DISEASE CONDITI	ON GIVEN IN PARI	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH.	Enter natura of injury in Pa	rt I or Part II of item 18.)	
	CE OF INJURY (Home, fer tory, street, office bldg., atc) (Coun	ty) (Stata)
21. I certify that I took charge of the remains described above, he	eld an Autopsy 😿 ,	Inspection .	Inquiry .	and in my opinion
death resulted from: Natural causes Accident . Suice	ide . Homicide	, Undetermi	ned manner	
11000 100000000000000000000000000000000	CHIEF MEDICAL	EXAMINER		
ACTUAL SIGNATURE SIGNATURE	M.D.	DICAL EXAMINER		DATE SIGNED
EXAMINER'S R.C. Dodson	Pising.	Synom, Mounty)	2	2-7-61
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O		22d. LOCATION (Cit	y, town, or country)	(State)
Bury (Specify) 2-9-1961 Cherry Cree	ek Cem .	Cherry (Creek, N	ew York
23. AUNERAL DIRECTOR 4 ADDRESS		C'D BY REGISTRAR 24	b. REGISTRAR'S SIC	SNATURE
Lee a Tafferson 9500, Perryvill	e,Md.	FEB 9 '61	arihun &	. Kraus
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